

# Permission to SHARE my College of Direct Support Transcript

Revision Date 02/29/12

**This form is for employees who work for more than one agency.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Learner's Name (Please Print)

Learner's ID \_\_\_\_\_ I am willing to share my CDS Transcript  
(Please print)

with the following agency \_\_\_\_\_ in \_\_\_\_\_, TN  
(Please print) (Please print)

Learner's Phone Number: \_\_\_\_\_

Learner's Signature \_\_\_\_\_  
(Because the transcript belongs to the learner, not the agency, employee's signature is required)

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## Request for Manager Zone Access:

List the managers who need access for the learner's transcript through the Manager Zone Tab on your Personal Page:

Agency Contact: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_  
(Please print)

Manager's Name: \_\_\_\_\_ Manager's Learner ID: \_\_\_\_\_  
(Please print) (Please print)

Manager's Name: \_\_\_\_\_ Manager's Learner ID: \_\_\_\_\_  
(Please print) (Please print)

Manager's Name: \_\_\_\_\_ Manager's Learner ID: \_\_\_\_\_  
(Please print) (Please print)

Manager's Name: \_\_\_\_\_ Manager's Learner ID: \_\_\_\_\_  
(Please print) (Please print)

Manager's Name: \_\_\_\_\_ Manager's Learner ID: \_\_\_\_\_  
(Please print) (Please print)

**Please fax to 1-855-589-3667 or scan and email to [DIDD.ISQA@tn.gov](mailto:DIDD.ISQA@tn.gov)**

Thank you!